STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		445190	B. WING	·			1	R /11/2014
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EA	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD SS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
{K 018} SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3		{K 018		2.	Resident room doors 410, 414, and 416 were assess taken down, repaired and rehung to close to a positilatch. All resident room corridor doors were checked to en that they closed properly to positive latch.	ed, ve sure to a	3/12/14
	Based on observation determined the facilities doors closed to a part of the findings included the Maintenance Dispersal of the Dispersal of the Dispersal of the Dispersal of the Dispersal o	s not met as evidenced by: ion and interview, it was lity failed to ensure corridor ositive latch. e: terview during the fire drill with rector, on March 11, 2014 at			4.	A daily inspection of all do by the Maintenance personnel will be done and log kept to verify complian Dept. Heads responsible for their halls will check reside room corridor doors as partheir daily inspections and report to Maintenance any issues to ensure the doors close to a positive latch. Maintenance Director will present logs at the regular	d a nce. or ent rt of	3/12/14
	10:45 a.m. confirm rooms 410, 414, an positive latch. This finding was ve Supervisor and ack Administrator during	5 a.m. confirmed corridor doors to residents is 410, 414, and 416 failed to close to a live latch. finding was verified by the Maintenance envisor and acknowledged by the inistrator during the exit conference on				QIP/QA monthly meeting a the report will be presente to the quarterly QA meetir X2.	d	3/12/14
ADODATOD	A DUDGOTODIO OD DDOVIC	EDICHADA IED DERDECENTATIVE'S SICH	CATLIDE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Event ID:0ZN322

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		445190	B. WING		R 03/11/2014	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620				
(X4) ID PREFIX TAG			ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	BE COMPLÉTION	
	Continued From page 1 March 11, 2014. NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4		{K-0:		e n ve as n	
{K 029} SS=E	Based on observat determined the faci barrier's one (1) hor maintained. The findings include Observation and int Director, on March confirmed unsealed barrier walls above 302. This finding was ver Supervisor and ack Administrator during March 11, 2014. NFPA 101 LIFE SAI One hour fire rated fire-rated doors) or	erview with the Maintenance 11, 2014 at 11:00 a.m. penetrations in the smoke the smoke doors by room rified by the Maintenance	{I< 02	2. All areas typically hidden frow view have the potential to laffected as well as anywhere there has been a recent repair. All locked areas were checked for penetrations as inspection of all recently repaired areas including sprinkler heads were checked to ensure that any penetrations that occurred were sealed.	be re re nd	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		445190					R	
NAME OF	300,4050,000,000,450	445150	D. WING	,		03/	11/2014	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE .	(X5) COMPLETION DATE	
{K 029}	the approved auton option is used, the aption is used, the adors. Doors are stield-applied protect 48 inches from the permitted. 19.3.2 This STANDARD is Based on observation and interest construction is The findings include Observation and interest construction and interest of the door above the door 2) Front mechanical soiled linen room. 4) The Mechanical soiled lines findings were Supervisor and ack	tects hazardous areas. When natic fire extinguishing system areas are separated from toke resisting partitions and elf-closing and non-rated or tive plates that do not exceed bottom of the door are 1.1 Is not met as evidenced by: ion and interview, it was ous area 's one (1) hour fire is maintained. It is maintained. It is penetrations in the following ical room in the corner and interview the HVAC rates the ceiling room behind the 200 hall is everified by the Maintenance	Κο _α { Κο	¥ N	 3. An inspection will be made any area of the building that requires a repair and documentation will be kept ensuring that no penetration occurred without sealing. The documentation will be kept the Maintenance director as signed off by same. 4. Reports will be made to the Safety committee at the regular monthly meeting ensuring compliance with the documentation. Presentation of report and minutes of Safety committee will be done at the regular quarterly QA meeting by the Maintenance director. 	ns nis by nd is n	3/13/14	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
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NAME OF	SBOVIDED OF CURRY (CD.	445190	IS. WING	_		03/	11/2014
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, STATE, ZIP CODE		
CAMBRI	DGE HOUSE, THE				50 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
{K 029}	the approved automoption is used, the approved of the applied protect 48 inches from the permitted. 19.3.2 This STANDARD is Based on observation determined hazardorated construction is The findings include Observation and int Director, on March confirmed unsealed locations: 1) Kitchen mechanical soiled linen room. 4) The mechanical relifications. 4) The Mechanical relifications. The Mechanical relifications. The Mechanical relifications.	ects hazardous areas. When hatic fire extinguishing system areas are separated from oke resisting partitions and elf-closing and non-rated or ive plates that do not exceed bottom of the door are1 In not met as evidenced by: ion and interview, it was ous area's one (1) hour fire is maintained. Exercises with the Maintenance of the corner and interview in the following of the ceiling room where the HVAC ates the ceiling room behind the 200 hall oom door was not everified by the Maintenance	{K 0	29}	1.Upon checking the Kitchen mechanical room, the penetrations previously sealed on 1/31/14 in the corner and above the door were found to still be intact. Upon checking the mechanical room behind the 200 hall soiled linen room, the penetration previously sealed on 1/31/14 was found to still be intact. The penetration in the front mechanical room where the duct penetrates the ceiling was part of replacement work done for the new heating unit. The penetration was sealed on 3/14/14, recut when the heating unit went in, and resealed. The mechanical room door self-closing mechanism was adjusted to provide self-closing.		3/14/14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 R 445190 B. WING 03/11/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD CAMBRIDGE HOUSE, THE BRISTOL, TN 37620 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {K 029} Continued From page 34 2. All areas typically hidden from {K 029} and/or 19.3.5.4 protects hazardous areas. When view have the potential to be the approved automatic fire extinguishing system affected as well as anywhere option is used, the areas are separated from there has been a recent other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or repair. All locked areas were field-applied protective plates that do not exceed checked for penetrations and 48 inches from the bottom of the door are inspection of all recently permitted. 19.3.2.1 repaired areas including sprinkler heads were checked to ensure that any This STANDARD is not met as evidenced by: penetrations that occurred Based on observation and interview, it was were sealed. All self-closing determined hazardous area 's one (1) hour fire doors were checked to see rated construction is maintained. The findings include: that they maintained their Observation and interview with the Maintenance closing adjustments. 3/14/14 Director, on March 11, 2014 at 11:10 a.m. confirmed unsealed penetrations in the following 3. An inspection will be made of locations: 1) Kitchen mechanical room in the corner and any area of the building that above the door requires a repair and 2) Front mechanical room where the HVAC documentation will be kept exhaust duct penetrates the ceiling 3) The mechanical room behind the 200 half ensuring that no penetrations soiled linen room. occurred without sealing. This .4) The Mechanical room door was not self-closing. documentation will be kept by These findings were verified by the Maintenance the Maintenance director and Supervisor and acknowledged by the signed off by same. Self-Administrator during the exit conference on March 11, 2014. closing doors will be a part of the daily inspection of all doors and will be a part of the daily logs to ensure that all doors close properly. 3/14/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
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		445190	B. WING		03/	/11/2014	
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		.D BE	(X5) COMPLETION DATE	
{K 029}	and/or 19.3.5.4 prothe approved autonoption is used, the cother spaces by small doors. Doors are signed-applied protect 48 inches from the permitted. 19.3.2 This STANDARD is Based on observation and interest of the findings included the construction in the findings included to the confirmed unsealed locations: 1) Kitchen mechanical octions: 1) Kitchen mechanical soiled linen room. 4) The Mechanical soiled linen room. 4) The Mechanical self-closing. These findings were Supervisor and acknown and acknown accounts of the self-closing.	tects hazardous areas. When natic fire extinguishing system areas are separated from toke resisting partitions and elf-closing and non-rated or tive plates that do not exceed bottom of the door are 1.1 Is not met as evidenced by: ion and interview, it was bus area 's one (1) hour fire is maintained. It is maintained. It penetrations in the following ical room in the corner and interview the HVAC rates the ceiling room behind the 200 hall is everified by the Maintenance	(K 0)	4. Reports will be made to the Safety committee at the regular monthly meeting ensuring compliance with the documentation. Presentation of report and minutes of Safety committee will be donated at the regular quarterly QA meeting by the Maintenance director.	nis on ne	3/14/14	

